PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10579681

CLAIMS AS FILED - PART I							SMALL ENT	TITY	OR	OTHER SMALL E	
US	NATIONAL S	STAGE FEES	(Column	1 1)	(C	olumn 2)	RATE	FEE	1	RATE	FEE
	IC FEE		SMALL ENT.	= \$ 150	LARGE	ENT. = \$ 300	BASIC FEE		OR	BASIC FEE	311)
EXAMINATION FEE			Satisfies PCT Ar	ticle 33(1)-	All other	er situations =	EXAM. FEE			EXAM. FEE	040
			(4) = \$50 / U.S. is ISA = \$	50 / \$ 100		00 / \$ 200 ner situations =					5/00
SEARCH FEE			ALL other cou \$ 200 / \$	400	\$ 2	250 / \$ 500	SEARCH FEE			SEARCH FEE	40
FEE FOR EXTRA SPEC. PGS.			minu	us 100 =		/ 50 =	X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			\(\text{\text{minus } 20 = } \tau \text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\text{\text{\tin\texit{\text{\texi{\text{\texi}\text{\texi}\texit{\text{				X \$ 25 =		OR	X \$ 50 =	1100
IND	EPENDENT CL	AIMS				\	X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPENI	DENT CLAIM PRE	ESENT				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						umn 2	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 44	Minus	QQ		= ' ()	X \$ 25 =		OR	X \$ 50 =	
	Independent	· 3	Minus	***		=	· X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
		TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)											
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* ,	Minus	**		=	X \$ 25 =		OR	X \$ 50 =	
	Independent	*	Minus	***		=	X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
		,					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.